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Account# Name	Unit#	Status Report#	Dept Report	Dept.Name Report.Name	Facility Facility.Name
SV00083448563 GUTIERREZ,CYNTHIA	SM02706496	DIS IN	PHY	Physician Documentation	NSM
Att.Phys Sanders,Victor		0322-0453	PHY.PNHOSP	Hospitalist Progress Note	Santa Rosa Memorial
Dictated.by Altaf, Mujeeb MD	03/22/2015 1206		**Transcribed.by** Altaf,Mujeeb MD		03/22/2015 1206
Signed.by Altaf,Mujeeb	**for** Altaf,Mujeeb			**Signed Date/Time** 03/22/15 1211	
Phys CC'd Southwest Community,Health Cli					

* * * * * * * * * * R E P O R T * * * * * * * * * *

1 **Descr:** Template **Type:** Templ **Form.or.Screen:** **Init.WDoc:**

Assessment/Plan
Reason for hospitalization
33yo F experienced an anoxic brain injury w/ cardiopulmonary arrest in the ED waiting room

(1) Anoxic encephalopathy
Status: Acute
Condition Status: Unchanged
Diagnosis Present on Admission: Yes
Assessment/Plan: Pt had a in hospital cardiopulmonary arrest due to Aspiration Pneumonia clearly concurred from the CXR, CT scans showing RLL consolidation and Dr Lauterbach's note that food was aspirated from the ET tube.

CT head was (-) for any acute intracranial abnormality
MRI showed multiple relatively symmetric regions of cortical restricted diffusion are observed involving the posterior frontal, parietal, and occipital lobes. Findings are consistent with laminar necrosis which may be seen with hypoxic ischemic injury or prolonged hypoglycemia. Findings may also be seen with a excitotoxic damage related to continued uncontrolled seizure activity.
EEG: nonspecific encephalopathy.
CTA: (-) for PE
Echo Results:
1. Normal left ventricular size and systolic function with EF 60%
2. Left atrial enlargement.
3. No structural or functional valvular abnormalities of significance with the possible exception of some pulmonic regurgitation.
4. Mild pulmonary hypertension.

Pt has received trach and PEG tube, on tube feeds, with poor prognosis for recovery.
Cont eye drops and lacri-lube
Placement being pursued with Kentfield; awaiting to hear back. Will place when the timing is appropriate and the family is in agreement

(2) End stage renal disease
Status: Chronic
Condition Status: Unchanged
Diagnosis Present on Admission: Yes
Assessment/Plan: Continuing HD per Nephrology
cont to monitor electrolytes (hyperkalemia, hypermagnesemia)
cont renavite, paricalcitol prn and epo

(3) Anemia of renal disease
Status: Chronic
Condition Status: Unchanged
Diagnosis Present on Admission: Yes

DATE: 02/23/16 @ 1528 Northern California ITS *LIVE* PAGE 360
USER: ROMANORO01 ITS Reports: Patients/Departments/Reports Print

Account#	Name	Unit#	Status / Report#	Dept / Report	Dept.Name / Report.Name	Facility / Facility.Name
SV00083448563	GUTIERREZ,CYNTHIA	SM02706496	DIS IN 0324-0318	PHY PHY.PNHOSP	Physician Documentation Hospitalist Progress Note	NSM Santa Rosa Memorial

Att.Phys Sanders,Victor
Dictated.by Altaf, Mujeeb MD 03/24/2015 1015 **Transcribed.by** Altaf,Mujeeb MD 03/24/2015 1015
Signed.by Altaf,Mujeeb **for** Altaf,Mujeeb **Signed Date/Time** 03/24/15 1024
Phys CC'd Southwest Community,Health Cli

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33yo F experienced an anoxic brain injury w/ cardiopulmonary arrest in the ED waiting room

(1) Anoxic encephalopathy
Status: Acute
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Assessment/Plan: Pt had a in hospital cardiopulmonary arrest due to Aspiration Pneumonia clearly concurred from the CXR, CT scans showing RLL consolidation and Dr Lauterbach's note that food was aspirated from the ET tube.
Whether there was a component from use of dilaudid in er is possible.
Unfortunately now she has severe anoxic brain injury.
She would require placement in a LTAC.
Pt has received trach and PEG tube, on tube feeds, with poor prognosis for recovery.
Cont eye drops and lacri-lube
Placement being pursued with Kentfield; awaiting acceptance.

CT head was (-) for any acute intracranial abnormality
MRI showed multiple relatively symmetric regions of cortical restricted diffusion are observed involving the posterior frontal, parietal, and occipital lobes. Findings are consistent with laminar necrosis which may be seen with hypoxic ischemic injury or prolonged hypoglycemia. Findings may also be seen with a excitotoxic damage related to continued uncontrolled seizure activity.
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(2) Acute respiratory failure
Status: Acute
Condition Status: Resolved
Diagnosis Present on Admission: Yes
Assessment/Plan: s/p Trach.
Cause was Aspiration Pneumonia
Likely due to her Severe Gastroparesis

268

TRIAGE TIME	ROOM	EXAM RM TIME	COMPUTER OUT	ACUITY LEVEL
0726	25	0729		(1) 2 3 4 5

MODE OF ARRIVAL WALKED W/C CARRIED (STRETCHER) OTHER
MEDICS UNIT# _____

CHIEF COMPLAINT: Cardiac arrest

PAIN NOW _____/10 MAX _____/10 FLACC _____/10 NIPS _____/7 RADIATION _____
TIGHTNESS BURNING PRESSURE ACHING SHARP/STABBING THROBBING

INTERVENTION PTA: AM visit then DC asap pt. in waiting room 2mg dilaudid, 4mg zofran, 15units Humulin R ☐ SPINAL PRECAUTIONS
R.N. SIG

TIME: INITIALS: **NURSING ASSESSMENT** (○ = pos / — = neg)

NEUROLOGIC ☐ N/A
Alert / Verbal / Pain / (Unresponsive)
Oriented to:
Person / Place / Time / Event
None / Age Appropriate
Cooperative / Agitated / Anxious
Combative / Lethargic / Aphasic
Cry Vigorous Weak Hi pitch
Weakness / Numbness
UE / LE R / L
Ms Tone WNL Hypo Hyper
Ant Font Soft/Flat Sunk Bulg

CARDIOVASCULAR ☐ N/A
Pink / (Pale) / Flushed
Warm / Cool
(Dry) / Moist / Diaphoretic
JVD / Pedal Edema
Pulses
Rhythm PEA/rate 38
Cap Refill
Heart Sounds

RESPIRATORY ☐ N/A
Regular / Irregular
Labored / Unlabored Apneic
Clear R / L / Bilat
Crackles ☐ ☐ ☐
Rhonchi ☐ ☐ ☐
Wheezes ☐ ☐ ☐
Diminished ☐ ☐ ☐
Absent ☒ ☒ ☐
Stridor Grunting
Nasal Flaring / Retractions
Cough Nonprod / Prod

ABDOMEN / GU ☐ N/A
B.S. Present / Absent
(Soft) / Firm
Non-tender / Tender
(Distended)
N / V / D / Constipated
Urinary Δ
Dysuria
Vag. Bleed / Discharge
Jaundice

MUSCULOSKELETAL ☒ N/A
CSM Intact / Baseline / MAEW
Deformity / Abnormal Gait
Laceration
Bldg
Rash / Burn / Abrasion
Discolored
Ear Pulling R L
Pain R L

BP	P	R	PULSE OX	O_2 / RA	T	ORAL / RECTAL / TEMPORAL
212/128	150	52	100	bagging	94.4 ax	

VISUAL AC: OD OS OU ☐ CR ☐ UNC 20/___ 20/___ 20/___

LMP PREG LACT G___ P___ AB___

SCREENINGS FOR: TB FALL RISK ISO
SUICIDE ABUSE
Learning Barriers
LEP ☐ INTERPRETER

WT. ___ kg ☐ STATED ☐ MEASURED ☐ ESTIMATED BROSELOW

HT. ___ ☐ STATED ☐ MEASURED ☐ ESTIMATED IMMUNIZATIONS / TETANUS

PMHx None HTN MI___ Stent Dysrhy___ HF PPM / AICD CABG___
Asthma COPD Pneu (Renal Failure) (Dialysis) Kidney Dis Migraine TIA CVA Trauma
Alz/Dementia Seizure NIDDM (IDDM) Thyroid GERD PUD Pancreatitis Liver Dis
Psych___ Appy Chole Hyster Hepatitis HIV CA Recent Inf
Soc Hx ETOH Rec Drugs Smoker ___PPD Lives Alone___

IV #1 TIME 0727 — 1 # Attempts
DISCONTINUED CATH INTACT ☐
INIT MM SITE (R)AC SIZE 20g

IV #2 TIME ___ — ___ # Attempts
DISCONTINUED CATH INTACT ☐
INIT ___ SITE ___ SIZE ___

IV FLUIDS

TIME	BAG #	VOLUME TYPE	BOLUS TIME	BOLUS VOLUME	RATE	RN INIT	VOL. INFUSED	TIME DONE

INTAKE

TIME	TYPE	AMOUNT
TOTAL INTAKE		mL

OUTPUT

TIME	TYPE	AMOUNT
TOTAL OUTPUT		mL

ENDOTRACHEAL TUBE
TIME 0728
INSERTED BY Lauterbach
SIZE 8.0 ett/24 /CM LIPS
PLACEMENT CONFIRMED (ETCO2)
EID (BS) (RISE/FALL) CXR

VENTILATOR MODE ACDC
RATE 14
FIO_2 100 Vt 400
PEEP 5 PS ___

NASOGASTRIC TUBE
TIME 0759
INSERTED BY Deb Bishop
SIZE 18 PLACEMENT ✓
COLOR reddish/brown
GUIAC: + − RES VOL. 20

URINARY CATHETER
TIME 0815
INSERTED BY Deb Bishop
CATH SIZE 16 ☒ URINE METER
APPEARANCE ☐ CLEAR ☒ CLOUDY ☐ GROSS BLOOD
COLOR yellow RES VOL. ___

URINE DIP: Leuko ___ pH ___ Bilirubin ___ Nitrates ___ Blood ___ Glucose ___ Urobili ___ Spec Gr ___ Protein ___ Ketone ___
CLEAN / CATH
Initials

Santa Rosa Memorial Hospital
ST. JOSEPH HEALTH SYSTEM

PATIENT CARE RECORD
EMERGENCY DEPARTMENT

PATIENT ID SV83448563

CAT REG ER
GUTIERREZ, CYNTHIA
SM02706496 07/31/1981 33 F
02/25/15 NSMED
Lauterbach, Stewart A

2297 (4/20/09) Page 1 of 2

SRMH-P199